Saskatchewan
Health

ANNUAL REPORT
1984 - 85

SASKATCHEWAN
HEALTH

Community Services
Rosetown Region

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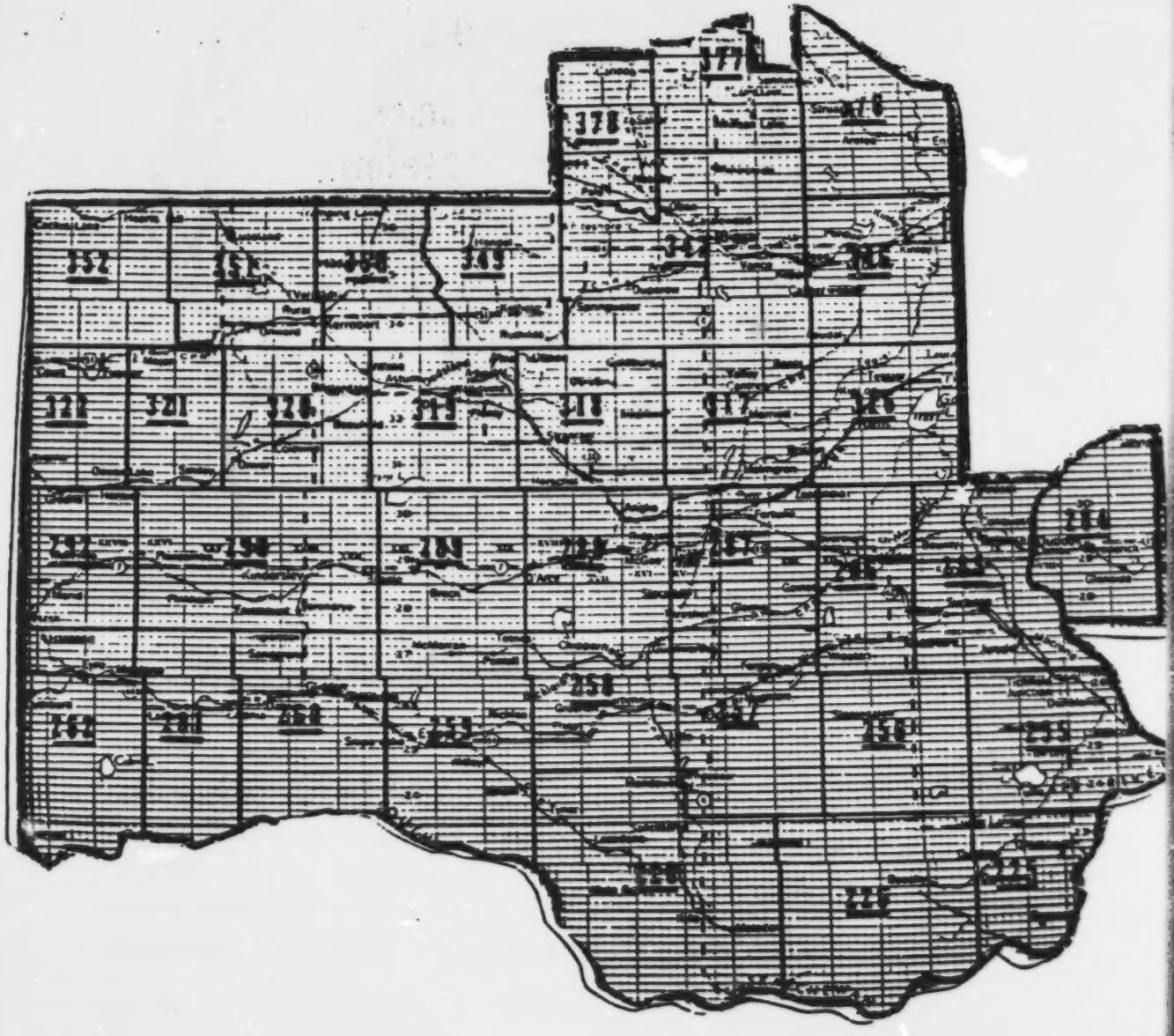
Saskatchewan Youth Year
1985

International Youth Year
1985

The United Nations has designated 1985 as International Youth Year, with the theme "Participation, Development, Peace". In designating the year, the General Assembly recognized the importance of young people: their needs, their demands, their hopes, and their participation in the future of humanity.

ROSETOWN HEALTH REGION NO. 7



MESSAGE FROM THE CHAIRPERSON OF THE BOARD

Lorraine Grondin

I am pleased to have this opportunity of presenting my 1984-85 report.

The past year has been a significant year. I participated in a special committee that was struck by the Minister of Health in January 1984. The Ad Hoc Committee examined current legislation regarding health region boards, their function and selection and reviewed the role of district health councillors and regional board members. A report of the Committee's recommendations was submitted to Hon. Graham Taylor, Minister of Health in June 1984.

Regional Board Chairmen across the province met with Mr. Stan Malach, Executive Director, Community Health Services Branch in November to study and comment on the recommendations for the Role of Regional Boards of Health. The Minister has accepted most of the recommendations however there are several that will require changes in legislation and further study.

The Rosetown Regional Board held six meetings this year. We held our Annual Meeting in June 1984. Three Regional Board meetings were held in conjunction with the District Health Council meetings. Health District #3 met in Kindersley in April 1984, Health District #1 met in Rosetown in November 1984, and Health District #2 met in Biggar in February 1985. The Board meetings were held in the mornings and the District Health Council met in the afternoon. The meetings gave the District Health Councillors an opportunity to hear reports from staff in their area and to deal with their concerns. It was also an opportunity to have an Inservice on health related topics.

Jean Kallio, Vice Chairperson of the Board and myself attended the Field Staff Conference and Sask. Public Health Association Convention in Regina in April 1984. We also had a meeting with colleagues across the province and met with Department of Health officials.

The Regional Board of Health was pleased to have Mr. Stan Malach, Executive Director, and Mr. Joe Dvernichuk, Assistant Executive Director, both from Community Health Services Branch in Regina attend our November 1984 meeting. Mr. Malach reported that standards are being developed for the preschool core services program, that a prenatal policy manual is being developed, that legislation is being reviewed, that non-smoking initiatives were being developed and that staff training opportunities were being considered.

The Regional Board dealt with the resolutions passed at the Annual Meeting, the resolutions passed from the District Health Council meetings and concerns that were presented throughout the year.

I wish to thank the members of the Regional Board for their attendance, interest, participation and support in matters of Community Health. I would especially like to give special recognition to two Board Members who are retiring from the Board this year:

1. Mr. Anthony Gabriel was a Board Member for 11 years and a District Health Councillor for 18 years.

2. Mr. Gordon Peat was a Board Member for 6 years and a District Health Councillor for 8 years.

Thank you both very much for your service and dedication to Health Region #7.

I want to thank the staff for the excellent service they provide to the people of the Rosetown Health Region and for their continuing determination to give their best to preventive health services. Special thanks to Dr. Humphrey Kinman for being Medical Health Officer over most of the past year -- your guidance and consul is appreciated and a welcome to Dr. Paul Schnee who joined our staff as Medical Health Officer in February 1985.

Respectfully submitted:

Lorraine Grondin
Board Chairperson

REGIONAL BOARD MEMBERS

1984-1985

HEALTH DISTRICT NO. 1

Bernadette Gillies
Box 6
PLATO, Saskatchewan
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KERROBERT, Saskatchewan
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Box 1134
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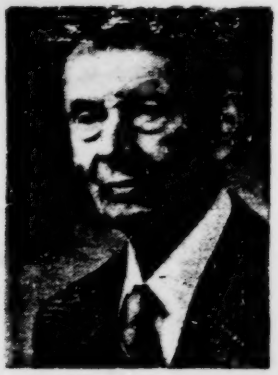
Telephone: 948-2265



HEALTH DISTRICTS - DISTRICT HEALTH COUNCILLORS
(As of March 31, 1985) (*Indicates Board Member)

HEALTH DISTRICT #1

MUNICIPALITY	REPRESENTATIVE
Elrose	James Puffalt
Kyle	Nancy Brusky
Outlook	Grace Derdall
Rosetown	Betty Porter
Zealandia	Louise MacDonald
Beechy	Joe Richardson
Birsay	Marshall Coviello
Bounty	Kay Logan
Broderick	Duncan Bennett
Conquest	Randy Lemon
Dinsmore	Goeffrey Tetler
Glenside	Dorothy Rosa
Lucky Lake	Alvin Holbird
Macrorie	G.A. Prentice
Milden	Marie Kleven
Plato	*Bernadette Gillies
Sovereign	Ada M. Webb
Wiseton	Iris Turner
R.M. #225	Reg Middleton
R.M. #226	John Guenther
R.M. #228	Glenn E. Miller
R.M. #255	Neil Johnson
R.M. #256	*Jean Kallio
R.M. #257	Karin Sothmann
R.M. #284	Aldrich Solnicka
R.M. #285	Fred Lemon
R.M. #286	Ruth Greer
R.M. #287	Anna Bechard
R.M. #288	John Pankratz

HEALTH DISTRICT #2

Biggar	*Lorraine Grondin
Arelee	Thomas Fyson
Cando	Doug Graham
Dodsland	William Worth
Handel	Steve Fruhstuk
Harris	Peggy Garner
Herschel	Peter Cormack
Kelfield	Faith Weese
Kinley	Marion Fowler
Perdue	Bob Munday
Plenty	Louise Doering
Ruthilda	Brian Shuttle
Springwater	Veril Bourk
Tessier	Blondal Johnson
R.M. #316	Bryce McKenzie
R.M. #317	Michael Longworth
R.M. #318	Ian McLeod
	*(Anthony Gabriel serving as Board Member to June 5/85)
R.M. #319	Irene McIntosh
R.M. #346	Earl McMahon
R.M. #347	Earl Danychuk
R.M. #349	Betty Bateman
R.M. #376	John Pavloff
R.M. #377	Albert E. Porter
R.M. #378	Jerry Kirilenko

HEALTH DISTRICT #3

Eatonia	Mary Skjei
Eston	Charline Martin
Kerrobert	W. D. Johnston
Kindersley	Florence Tisdale
Luseland	Carol Reiter
Alsask	Joe Borschneck
Brock	Linda Dagg
Coleville	Gordon Palmer
Flaxcombe	Barbara Hilts
Glidden	Lois L. Haug
Loverna	Chester Foss
Madison	Vacant
Major	Louise Kollman
Mantario	Jim Main
Marengo	Clayton M. Cook
Netherhill	Judy Shaver
Smiley	Noreen Lowe
Tramping Lake	Albert Halter
R.M. #259	Ronald Parson
R.M. #260	Lois L. Haug
R.M. #261	William V. Cridland
R.M. #290	Richard Smith
R.M. #292	Gordon Peat
R.M. #320	Maxine Schmidt
R.M. #321	Oscar Peters
R.M. #322	J. Albert Whittleton
	*(Gordon Peat serving as Board Member to June 5/85)
R.M. #350	*Marjorie Woodley
R.M. #351	Duane Myers
R.M. #352	Mike Stang

PERSONNEL

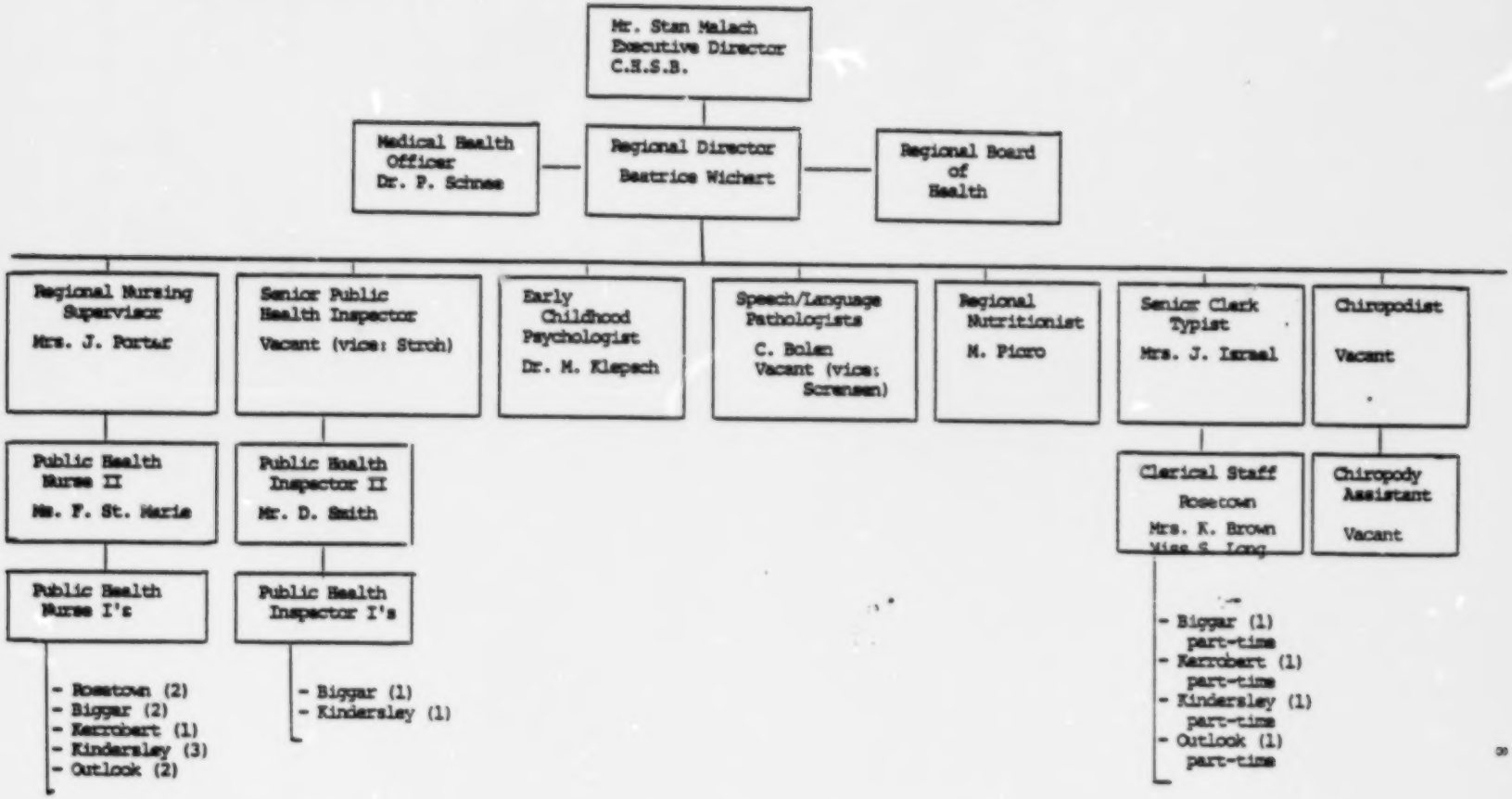
(At March 31, 1985)

Dr. P. Schnee, Medical Health Officer (Commenced duties February 18, 1985)
Dr. H.L. Kinman, Medical Health Officer (Completed duties February 15, 1985)
Beatrice M. Wichert, Regional Director
Wendel Stroh, Senior Public Health Inspector (Retired September 30, 1984)
David Smith, Public Health Inspector II
Christine Bolen, Speech-Language Pathologist
Marvin Klepsch, Early Childhood Psychologist
Heather Anderson, Public Health Nutritionist (Resigned October 5, 1984)
Maggie Pioro, Public Health Nutritionist (Commenced February 18, 1985)
Jean I. Porter, Regional Nursing Supervisor
Fay St. Marie, Public Health Nurse II
Rosalind Regnier, Public Health Nurse I
Nadine Popick, Public Health Nurse I (Resigned March 29, 1985)
Jean Israel, Clerk Typist III
Karen Brown, Clerk Stenographer II
Susan Long, Clerk Stenographer II

DISTRICT OFFICES

BIGGAR	Kay Jaster, Public Health Nurse I Jacqueline Wylie, Public Health Nurse I Ron Belak, Public Health Inspector Merle Klein, Clerk Typist II (Part-time)	948-3357
KERROBERT	Doreen Briggs, Public Health Nurse I Lorraine Cholin, Clerk Typist II (Part-time)	834-2452
KINDERSLEY	Esther Peever, Public Health Nurse I Marilyn Stevenson, Public Health Nurse I Beverly Leipert, Public Health Nurse I Terry Gibson, Public Health Inspector Patti Sorensen, Speech-Language Pathologist (Resigned August 24, 1984) Wilma Hillacre, Clerk Typist II (Part-time)	463-2010
OUTLOOK	Donna Deugau, Public Health Nurse I Carolyn Koop, Public Health Nurse I Lois Jacobson, Clerk Typist II (Part-time)	867-8701

ROSETOWN HEALTH REGION NO. 7
ORGANIZATION CHART



March 11, 1985

REGIONAL DIRECTOR'S REPORT

1984-1985

Beatrice M. Wichert

It is my privilege to present to the Rosetown Regional Board of Health and the District Health Councillors the Rosetown Health Region report for the fiscal year of 1984-85.

Over the past year we have had a number of vacancies in some positions, however, I am pleased to report that the staff were able to provide and maintain appropriate public health services.

The major highlight of the year was the move of our headquarters in Rosetown from the lower floor of the Rosetown Union Hospital to the second floor of the Provincial Office Building. We have improved the rooms for Speech Therapy, Public Health Nurses Clinic Rooms and Medical Health Officer. We have provided office space and clinic rooms for the upcoming Chiropody Service.

We were fortunate to have only a few cases of Communicable Disease identified over the past year. We received eight notifications of Infectious Hepatitis and several young children had contracted Hemophilus Influenza Meningitis. There were a few cases of Sexually Transmitted Diseases reported.

Rabies in animals is quite uncommon in the Health Region. Skunks are generally the animal affected. We received two positive reports for Rabies in animals which included a bat and a muskrat (a very rare incident). One child received Anti-Rabies vaccine in response to a bite from a rabid animal. There has been no cases of Rabies in humans in Saskatchewan since 1970.

Rosetown Region was appropriated a Budget of $865,360. for the fiscal year 1984-85. I am pleased to report that we ended the year in the black.

A R.E.C.C.C. Committee was formed for the Rosetown Region during the year. This committee consists of Harry Dahl from Department of Education, Gayle Rogerson from Department of Social Services, Dr. Tim Greenough from Psychiatric Services and Bea Wichert, Community Health Services. The Committee was formed at the request of the three Government Ministers. The purpose of R.E.C.C.C. is to co-ordinate services (with parent consent) for handicapped preschool children where the child requires a wide array of services and/or where services are difficult to mobilize, co-ordinate, access or where no services currently exist. Inquiries may be directed to any member of the committee.

Wheatland's Project is now in the Implementation phase of the Project. Two major thrusts are being experimented.
a) The General Service Plan is a plan for the client's future, and
b) Interagency development and support across the Region.
I was involved in facilitating the development of the Eston Interagency and the Kindersley Forum.

Our staff work closely with the Kerrobert Early Childhood Intervention Program. We were aware that the south-east portion of the Health Region did not have this service, hence I organized a meeting of parents to determine their needs. A group of parents from the Outlook/Davidson area have organized and are working on developing expanded services to preschool children with special needs in their homes and developing a support group for parents. The Infant and Toddler Program from Alvin Buckwold Clinic is presently providing services in the home on a limited basis.

I wish to take this opportunity to thank the Regional Board of Health, the District Health Councillors and the staff for their high level of work performance and dedication in providing optimum public health services to the citizens of the Rosetown Health Region.

Respectfully submitted:

Beatrice M. Wichert
Regional Director

MEDICAL OFFICER'S REPORT

1984-1985

Dr. Paul Schnee

Dr. Paul Schnee, Director and Medical Health Officer for North Battleford Region, recommenced as Medical Health Officer for Rosetown Region for the third time on February 18, 1985. Because Rosetown and North Battleford Regions are twinned with regards to sharing senior staff, the North Battleford Medical Officer will be the Rosetown Medical Officer indefinitely.

Since I was Medical Officer only for 6 weeks during the 1984-85 fiscal year, I do not have a report for that period. However, I wish to take this opportunity to explain to you the role of a Medical Health Officer. The Medical Officer's basic functions are as follows:

1) Consultation. The Medical Health Officer provides clinical advice to staff in the Region, and family doctors. Also, the Medical Health Officer provides advice to municipal councils, school boards, various other public officials concerning matters which effect the health of the public.

2) Enforcement. The Medical Health Officer has the authority and duty to enforce the Public Health Act and Regulations.

3) Epidemiology and Communicable Disease Control. The Medical Health Officer monitors the occurrence of communicable disease in the Region and provides advice and direction as required.

4) Health Promotion. Along with all other staff, the Medical Health Officer is involved with promoting health and safety in the Region.

5) Liaison. Along with the Regional Director, the Medical Health Officer serves as a liaison person between the Health Region and community agencies particularly the family physicians.

Respectfully submitted:

Dr. Paul Schnee
Medical Health Officer

Dr. Humphrey Kinman served as Medical Health Officer for the Rosetown Regional from April 1, 1984 to February 18, 1985.

PUBLIC HEALTH NURSING REPORT

1984-1985

Jean Porter

Fay St. Marie

We were fortunate this year to have the ten Public Health Nurse I positions filled for all but one month. The nursing staff provided nursing services in each district despite a long difficult winter.

The attached nursing statistics give an indication of some of the services provided to the residents of Health Region #7. There will be some discrepancies due to a difference in the fiscal and calendar year and also the variation in when the infants become one year of age and are then counted as preschool.

Births for the year were 766 - this includes approximately 25-30 infants who reside on Indian Reservations on the north border of Health Region #7. These infants are not visited by provincial Public Health Nurses but are visited by Federal Nurses. Public Health Nurses visited or contacted 759 mothers of newborn children which is close to 100% of this group.

Home visits were fewer in number this year largely due to a decrease in visits to adults over 65 years of age. As Home Care becomes established less visits to elderly people are required in our present program of services.

Prenatal homevisits were down this year but attendance at classes was up. Essentially the same numbers of prenatals were seen when the two are totaled. The number of classes offered has been increased to meet this need.

School population has increased slightly this year. There were less children seen for rapid inspections but more educational programs were requested by schools.

724 infants started immunization. By March 31, 1985, 674 had completed 3 doses. This is probably because of cancellations in the winter months due to severe weather and illnesses, and will no doubt be rectified early in the next fiscal year.

Scoliosis screening was carried out for 622 eleven and twelve year-old girls in the calendar year 1984 but was discontinued in 1985 because treatment was minimal for the children who were diagnosed with scoliosis.

Several special programs were introduced this year based on needs identified by the nursing staff and other professionals who work with children.

A program to screen Grade I and III children in the schools in Health Region #7 was carried out in response to concerns of West Central Shared Services. Approximately 2-3% of the children screened required further investigation. Complete results are not yet available.

A workshop about breastfeeding was prepared to present to hospital staff in our Region in an attempt to provide consistency in teaching and counselling mothers. This has been offered on request.

Regular meetings of the Region's Early Childhood Committee were re-established as a means for workers to meet and discuss progress of mutual clients. This also helps to ensure that services, referrals, etc. are provided as planned.

An observation registry was developed to help ensure that children at risk for certain problems are recalled at specific times for follow-up and referral as necessary.

I wish to commend the nurses for their dedication and committment in carrying out the nursing programs in our region, and Fay St. Marie, Public Health Nurse II, who provides the orientation and direct supervision for these programs.

Respectfully submitted:

Jean I. Porter
Regional Nursing Supervisor

PUBLIC HEALTH NURSING
SELECTED STATISTICS

	1983-1984	1984-1985
Home Visits Made	1755	1613
Child Health Centres in Operation	24	24
Child Health Conferences Held	985	1037
Prenatal Program		
Home Visits to Pregnant Women - 1st visit in fiscal year	161	40
- Total Home Visits	183	129
- Other Interviews/Contacts	188	220
Prenatal Classes - No. of classes held	116	135
- Total Attendance - Mothers	897	968
- Fathers	678	760
Postnatal Program		
Total Home Visits (within 30 days of delivery)	609	629
Other Interviews/Contacts	137	130
Child Health Conference Services		
Infants (0-12 months inclusive) Total Attendance	2713	2530
Preschool Children (13 months - school entrance) Total Attendance	3076	3253
School Health Services		
Total School Enrolment	7753	7948
Teacher-Nurse Conferences re - program	283	249
- students	318	270
Students Inspected - Basic	66	39
- Rapid	772	308
- Follow-up	591	1161
School Presentations	69	107
Miscellaneous Services		
Home Visits to - Adults over 65 years of age	404	255
- Mentally Ill	11	13
- Physically Handicapped	73	79
- Mentally Handicapped	11	16
Total Official Visits (Doctors, Dentist, Social Worker, etc.)	817	928
Group Education (other than in schools) and Meetings Attended	135	138

	1983-1984	1984-1985
Immunization		
Infants (0 - 1 year)		
D.P.T. or D.T. 3 doses given	703	674
O.P.V. series completed	691	681
Children (1 - 7 years)		
D.P.T. or D.T. 3 doses given	72	28
Recalls D.P.T. or D.T.	1216	1511
O.P.V. series completed	1205	1508
M.M.R.	725	715
Children (7 years - school leaving)		
D.T. Recall	589	637
O.P.V. Recall	492	646
M.M.R.	11	14
Mumps	84	27
Rubella	170	286
Measles		2
Adult		
Total Immunization	212	94

Explanation of Above Abbreviations:

D.P.T. - Diphtheria, Pertussis and Tetanus
D.T. - Diphtheria, Tetanus
O.P.V. - Oral Polio Vaccine
M.M.R. - Mumps, Measles, Rubella

PUBLIC HEALTH INSPECTION REPORT

1984-1985

David J. Smith

Effective Spetember 30, 1984, Mr. Wendel Stroh, Senior Public Health Inspector for this Region, retired after 9 years of service in this Health Region and a total of 36 years of service with the Province of Saskatchewan.

Sanitation and housekeeping problems are always ongoing in regard to Public Eating Establishments and food related facilities. Inspectors attempt to remedy these situations through onsite advice and education and by holding classes throughout the Region on good foodhandling techniques and sanitation practice.

Inspectors have been kept busy over the last year with increasing number of requests for subdivision approvals and various Recreational Facility Grant approvals.

There were no serious outbreaks of food-borne illness this year, we believe this is due to ongoing education of foodhandlers and good vigilence on the part of the inspectors. Summer of 1984 saw the World Youth Baseball competition in Kindersley. Inspections of all facilities related to this event were conducted daily. Not one foodborne illness was related to this event which we attribute to the good planning and forethought of the organizers of the event with backup and advice of our inspectional staff.

Foodhandler courses were again held this year, however, it is disappointing to see the relatively poor attendance of foodhandlers from commercial establishments. A Swimming Pool Operators Course was held in the Region. This was fairly well attended. These courses have proven to be quite popular and are effective as one can see from the improved operation of swimming pools throughout the Region.

The retirement of the Senior Public Health Inspector in September and the delay in hiring process of a successor has placed heavier work loads on staff resulting in lengthier waiting time for demand services and reduced coverage of routine programmes.

Respectfully submitted:

David J. Smith
A/Senior Public Health Inspector

PUBLIC HEALTH INSPECTION - SELECTED STATISTICS 1984-1985

	Field Visits	Formal Inspections
Public Eating Establishments	309	291
Food Processing and Distribution	128	106
Liquor Outlets	84	52
Communal Water Supplies	11	37
Private Water Supplies	20	--
Public Water Supplies	13	17
Communal Sewerage Systems	9	33
Private Sewerage Systems	15	--
Public Sewerage Systems	2	--
Solid Waste Disposal	60	59
Liquid Waste Transport	4	0
Hospitals	7	16
Schools and Institutions	21	32
Housing	37	--
Trailer and Mobile Home Courts	22	11
Hotels and Motels	48	66
Industrial Facilities	4	0
Swimming Pools	58	17
Agricultural Facilities	10	--
Recreational Facilities	64	16
Public Facilities	11	0
Plumbing	388	--
Investigations	58	--
	1383	754

% of time spent - 36.2

General Services (In Hours)	
Travel	884
Meetings	234
Surveys	11
Monitoring	1
Training Courses	231
Projects	110
	1471

% of time spent - 25.3

Office Services (In Hours)	
Staff Meetings	117
Staff Development	357
General Administration	1764
	2242

% of time spent - 38.5

SPEECH LANGUAGE PATHOLOGY REPORT

1984-1985

Christine M. Bolen

Speech Language services in the Rosetown Health Region continued its focus on prevention and early identification and treatment of communication disorders in preschool children and adults.

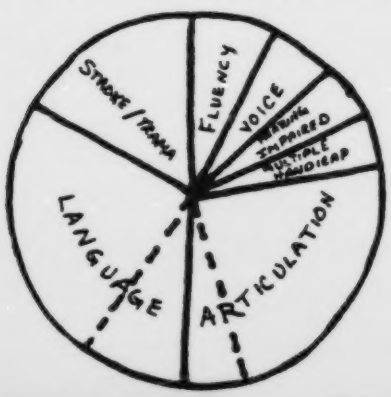
Services were altered during the last year as September saw the Speech and Language Pathologist position for the western portion of the Region vacated. This includes the Kerrobert, Kindersley and Leader areas. As a result of this vacancy the Leader area has been returned to the Swift Current Speech and Language Pathologist. The Kerrobert-Kindersley area has been added to Rosetown, Outlook and Biggar Speech Language Pathologist's responsibilities. There now exists a significant backlog of children waiting to be seen and diagnosed and a substantial number of new referrals received. According to priority a few families have been directed to carry on programs at home and are encouraged to seek services in Saskatoon or elsewhere until hiring takes place. We are anticipating a new Speech and Language Pathologist to join the staff in September 1985.

Work continues with the home teachers of the Early Childhood Intervention Program to discuss the speech and language needs of children being served by that program.

One of the most significant events for the Speech Language Pathology Department was the move to our new facility. We now have a therapy room with an adjacent observation room as well as a separate office. This allows parents, teachers and other professionals to observe the Speech Language Pathologist working with patients to benefit coordination of programming.

As last year, the majority of case work involves preschool children and requests for adult post stroke/head trauma patients and mentally handicapped persons were met whenever possible.

Percentage of Caseload by Diagnosis



Language	41%
Articulation	31%
Stroke/Trauma	13%
Fluency	5%
Voice	4%
Hearing Impaired	3%
Multiple Handicap	3%

Percentage of Caseload by Age Group

	March 1984	March 1985
Preschool	73%	87%
School Age	19%	5%
Adult	8%	8%

While the second Speech Language Pathologist was in place there was a significant improvement in the quality of service being provided. The total number of children and adults seen remains essentially the same yet the length of time between referral and diagnosis has been reduced. Because we no longer see school age children, earlier intervention has resulted. Children are now seen more frequently and in cases where it is necessary the child may be seen once per week. There are also a greater number of children being seen for direct therapy rather than home programs. As you can see, these changes have resulted in improving the quality of service when we are full staffed.

Initiated this year has been an interdisciplinary team meeting in the form of Staff Early Childhood Case Conferences. Through this monthly meeting the Speech Language Pathologist shares information and helps design a program to best meet the needs of the child involved.

As preschoolers have become a major focus, requests continue for tours to be given of the Health Region in order to become familiar with the professionals involved. To supplement this orientation towards preschoolers, health is further promoted through an annual preschool teachers full-day seminar.

During May, Speech and Hearing Month, speech and language awareness was realized through local radio tapings, newspaper articles distributed throughout the region as well as posters and bulletin board displays.

With two full time Speech Pathologists intensive language groups for communicatively impaired children were held during the summer months. This intensive approach was unique in the Region and deemed valuable.

Provincially, the Speech Language Pathologists were without the coordination of a Director of Speech Pathology. This vacancy has created several gaps in previously established projects and in providing inservices in meetings with colleages in other Health Regions. Despite this, work on creating a series of pamphlets of age appropriate speech and language development has been ongoing.

Another major project for Community Health Speech and Language Pathologists was involvement in preparation of a CORE Screening Program to be included in child health clinics. The Public Health Nurses continue to be a major source of referral to our service and this new screening should expediate that process.

I am grateful to my fellow regional health staff for their cooperation and hope to continue this to ensure as efficient a service as possible in the upcoming year.

Respectfully submitted:

Christine M. Bolen
Speech-Language Pathologist

EARLY CHILDHOOD PSYCHOLOGIST'S REPORT

1984-1985

Dr. Marvin Klepsch

Approximately 40% of my time is spent on work for the Rosetown Health Region. The remainder of my time is spent in the Saskatoon Rural Health Region. Sharing is difficult since the demand for services is great and hopefully the Rosetown Health Region will eventually have a full time psychologist.

By far, the majority of my time is spent in casework. Most of the children seen had developmental problems and were delayed in development. Some children presented with an overall or general delay while others were only delayed in one or two areas. Another group of children served are those with behaviour/emotional problems. Most of the counselling with this group was done directly with the parents since there was little time for the provision of direct child therapy services.

The children with more marked developmental delays are being served through the Kerrobert Early Childhood Intervention Program. I am very pleased with the progress made by the children. As a member of the Admissions and Review Committee I have been involved in monitoring the children's program and in deciding which children should be included in the program.

Since gifted children can also be difficult some parents in the Biggar area decided to set up a support group. I was involved in the organizational meeting of this group.

I am pleased with the quality of many of the preschools in our Region. In my visits I have observed good quality instruction and many fine physical facilities.

I would like to thank the Administration and staff of the Health Region for all their support. They are all very congenial and competent in helping me carry out my work.

What follows are some selected statistics:

Consultation re: children not formally referred and seen = 133

Details of Casework

Type of Problem	Number of Initial Visits	Number of Follow-up Visits
Developmental	22	50
Behavioural	18	30
Multiple	2	5
TOTAL	42	85

Respectfully submitted:
Dr. Marvin Klepsch

REGIONAL NUTRITIONIST'S REPORT

1984-1985

Maggie Pioro

In February, 1985 the Rosetown and North Battleford Health Regions became twinned for Nutritionist Services. Forty percent of my regional work time is spent in the Rosetown Health Region. The remainder of my work time is spent in the North Battleford Health Region. Any time spent in professional updating or in program development benefits both Health Regions.

My predecessor, Heather Anderson, resigned the Nutritionist position October 5, 1984. Her position had been shared on a similar percentage between Rosetown and Saskatoon Health Regions.

Due to the restriction of available services to both the Health Regions the following priorities had to be devised:

1. To act as consultant to public health nurses - in individual situations and to update in nutrition matters.

2. To maintain contact with the community through various media - newspaper column and interviews, radio and television as needed.

3. To act as consultant to physicians, school principals and teachers, preschool workers, home care personnel and whoever is an educator of food concerns.

4. To be available as a source of nutrition and food information to the community at large - this includes group presentations, displays and workshops and as well consumer inquiries by telephone or mail.

I thank the Rosetown staff for the support and consideration shown in my first few months on staff. I hope that I will be able to meet the challenge of this excellent community.

Respectfully submitted:

Maggie Pioro
Regional Nutritionist

COMMUNICABLE DISEASES

	1982	1983	1984
Gastro-Enteritis	10	5	10
Giardiasis	2	-	7
Gonococcal Infectious	18	11	16
Hepatitis A	2	2	8
Hepatitis B	1	2	1
Meningitis	7	-	11
Pertussis	-	-	2
Salmonellosis	1	11	4
Shigellosis	1	4	4
Tuberculosis	-	2	2

HEALTH REGION NO. 7 POPULATION

	1982	1983	1984
Population	40,907	41,522	42,093
Births	784	763	766
Stillbirths	2	3	3
Total Deaths	373	356	318
Infant Deaths	7	5	8
Maternal Deaths	0	0	0

*Native births included.

*Taken from Covered Population 1984.